

## SEXUAL MALTREATMENT

### 1. DEFINITION OF:

**SEXUAL MALTREATMENT:** (As reportable under the Child Abuse/Neglect Law.) The use, persuasion, inducement, enticement or coercion of any child under the age of 18, to engage in, or having a child assist any other person to engage in, any sexually explicit conduct by those responsible for the child's care, custody and control.

**SEXUAL EXPLOITATION:** (As reportable under the Child Abuse/Neglect Law.) The sexual use of a child under the age of 18 by those responsible for his/her care, custody and control for the purpose of the individual's personal satisfaction and/or gain. Including, but not necessarily limited to, pornography and prostitution.

### 2. INDICATORS/CHARACTERISTICS OF SEXUAL MALTREATMENT:

The indicators of child abuse and neglect vary. No child or caretaker will exhibit all of the physical or behavioral indicators listed and some of the indicators are contradictory. The behavior of an abused or neglected child and other family members may be sporadic and unpredictable. Indicators should be used only as a general guide. The presence of indicators alone does not establish that sexual abuse or exploitation has occurred. The presence of multiple indicators or the pervasiveness of any one behavioral indicator warrants close scrutiny by the worker.

#### PHYSICAL INDICATORS IN CHILD

- Genital or anal bleeding or lacerations
- Bruises
- Pain or itching in genital area
- Lacerated hymen
- Semen in clothes or genitals
- Genital or anal infected lesions
- Vaginal infections/discharge
- Venereal disease/oral or genital
- Difficulty in walking or sitting
- Pregnancy

- Bruising in or around mouth area

It should be noted that physical indicators are present in only a very small percentage of sexual abuse cases. Therefore, the absence of physical indicators should not be considered conclusive evidence that the allegations are unsubstantiated.

### **BEHAVIORAL INDICATORS IN CHILD**

- Child displays bizarre, sophistic or unusual knowledge of sex
- Acts out sexually
- Child displays confusions over sexual identity
- Victim has fear of men or women
- Extreme curiosity about sexual parts of body
- Excessive masturbation
- Excessive sexual activity with other children
- Victim affectionless or extremely affectionate
- Role reversal with same sex parent
- Refuses to participate in physical education activities
- Difficulty in sitting or walking
- Child feels destroying parents' marriage
- Night terrors
- Deviant sexual activity
- Runs away
- Withdrawn
- Aggressive
- Depressed
- Enuresis
- Regressed

- Retreated into fantasy world
- Poor peer relationships
- Sudden school problems
- Fire setting
- Emotional instability
- Delinquent
- Extreme changes in behavior such as loss of appetite
- Child has episodes of self-mutilation
- Cruelty to animals
- Low self-esteem
- Defiance
- Lying
- Sleep disorders
- Speech disorders
- Self-destruction (i.e., head banging, drug abuse, obesity, or anorexia)

#### **FAMILIAL/PARENTAL CHARACTERISTICS**

- Authoritarian father - ineffectual mother
- Sexual problems in marriage
- Role reversal between mother and daughter
- Religious beliefs (father's duty to teach daughter about sex)
- Over protection of the daughter
- Isolation -- geographic isolation -- lack of social or emotional contacts with people outside family
- Poor self-esteem in family members

- Repression and denial as coping mechanisms
- Alcohol/drug problems - other addictions
- High stress - unemployment, physical disability, etc.
- Past sexual abuse in family
- Poor sexual boundaries
- Extreme passivity of the father
- Power, father tries to control wife, child, etc., but has no impulse control
- Prolonged absence (emotionally and/or physically) of one parent from the home
- Loss of one parent through death or divorce
- Severe overcrowding in the home, especially in sleeping arrangements
- Marital problems causing one spouse to seek physical affection from a child rather than from the other spouse
- Multi-generational pattern of incest/history of sexual abuse
- Cultural standards in a family which determine the degree of acceptable bodily contact
- Physically isolated in community
- Family roles are rigid
- Family members are socially fearful, placating, or blaming
- Family members have difficulty expressing feelings
- Attitudes regarding sexuality repressed or confused
- Mother passive/poor self-image
- Parents claim victim is "seductive"
- Parent sexually abused as child
- Child may mention subtle or veiled threats
- May be evidence of "conditioning" process – including favoritism

- Denial of non-abusive parent
- Perpetrator uses abuse victims serially and one at a time

### **PEDOPHILE CHARACTERISTICS**

- Usually perceived as a caring person and forms caring relationship with child
- Rarely uses force; uses manipulation and coercion
- May marry woman with children of "appropriate" ages
- Takes inordinate number or inappropriate pictures of child
- Feeling of inadequacy
- Immaturity
- Vulnerability
- Helplessness
- Isolation
- Lack of nurturing as a child
- Conflicting relationships in the family of origin
- History of own abuse
- Family of origin was repressive and punitive around issues of sexuality
- Large amount of inferiority, more so than incest
- Poor social/sexual peer relationships
- Compulsive and obsessive behaviors
- Feelings of powerlessness
- Sexual dysfunction in adult relationships
- Males are at higher risk than females to be victims

### **THE FIXATED PEDOPHILE**

- Child like, identifies with the child

- More likely to pick a male child
- Single, isolated, has little contact with people of own age
- Not as likely to abuse drugs or alcohol
- Involved with multiple victims
- Assaults are premeditated
- Have character and personality disorders

### **THE ADOLESCENT (AGE 12-17) OFFENDER - CHARACTERISTICS**

- There is a wide variety, some sophisticated, others very immature
- Detached relationship with dad
- There is a favored child in the family who is not the offender
- Loners
- Does not excel in any one thing
- Has no positive role models
- Early onset of sexual experiences
- Has inadequate sexual information

NOTE: The adolescent offender must have care, custody and control of the alleged victim to be considered a perpetrator of abuse/neglect as defined in RSMo 210.

### **3. TYPES OF EVIDENCE:**

Evidence is collected by law enforcement personnel, Children's Division (CD) and multi-disciplinary team members and used as both physical and credible verbal evidence to document the worker's investigative conclusion. Evidence for reports of sexual maltreatment may include any one or all of the following:

- Doctor's statement;
- Rape kit evidence;
- Clothing;
- Linens;

- Police report;
- Pornographic pictures;
- Pornographic videotapes;
- Diagnostic videotapes;
- The child said it happened;
- Witness' statement;
- Perpetrator's statement.

Chapter 210 requires the investigator to conduct a thorough investigation. To that end, investigators are allowed to contact anyone with information relevant to the CA/N report without the knowledge and/or consent of the subjects. This includes interviewing the child without the knowledge and/or consent of the parent. When the child is seen without parental consent, every effort should be made to involve the parents as quickly as possible.

### **VISIBLE SIGNS**

Visible signs are those observations made by the worker during the course of the investigation. Visible signs include, but are not limited to: the size, shape and location of an injury, behavioral indicators of family members, and physical condition of the family home.

#### **4. OPERATIONAL DEFINITIONS:**

**PREPONDERANCE OF EVIDENCE:** A finding that sexual maltreatment has occurred or is occurring based on observation of visible signs, physical evidence, and/or credible verbal evidence provided to the investigator by the child, perpetrator or witnesses in accordance with the definition of sexual abuse and which is supported to a degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not.

Related Subject: <a href="#">Section 2, Chapter 4, Attachment L</a> Preponderance of Evidence.
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**UNSUBSTANTIATED-PREVENTIVE SERVICES INDICATED:** A finding of Unsubstantiated-Preventive Services indicated is appropriate when insufficient visible signs, physical and/or credible verbal evidence exist, but where the investigator determines that indicators are present which if unresolved, could potentially contribute to child abuse/neglect.

**UNSUBSTANTIATED:** A finding of unsubstantiated is appropriate where insufficient visible signs, physical and/or credible verbal evidence exists and where few or no indicators are identified and the worker has not identified a specific threat exists for the child.

**INVESTIGATIVE CONCLUSION:** This is determined after collecting and reviewing all evidence and/or indicators obtained during the course of the investigation. If there is by a preponderance of evidence that child abuse or neglect exists the investigative conclusion will be "Preponderance of Evidence". If the evidence is inconclusive, but there are sufficient indicators to suggest a potential for abuse/neglect to a child, the investigative conclusion will be "Unsubstantiated-Preventive Services indicated." Lacking evidence and sufficient indicators, the investigative conclusion will be unsubstantiated."

**PRIORITY STATUS:** This is to be determined based on the degree of risk to the child and the immediacy of the treatment needs. In a large part, this is based on the investigators judgment and knowledge of the family situation.

**INVESTIGATIVE RECORDING:** Shall be completed in a summarized narrative style on the CPS-1. It should be written in a clear, concise, easily understood manner and include but is not limited to the following components:

- A chronological listing of who, when, where each subject and/or collateral was contacted and the content of the interviews;
- A brief description of all credible verbal and/or physical evidence provided to the worker during the investigation;
- A statement justifying the investigators investigative conclusion i.e., reason to suspect, Unsubstantiated-Preventive Services indicated or Unsubstantiated.

### **INTERVIEWING VICTIMS OF SEXUAL ABUSE**

As in all types of abuse and neglect, interviewing children who have been sexually abused involves professional skill, judgment, and expertise. The nature of the allegations, the impact on the child and family, and the physical and behavioral indicators are such that creative and effective interviewing techniques are needed.

The following is meant to serve as a guideline in providing questions that may be asked of children. These questions are phrased in such a way that they will help elicit the needed information in a non-threatening way. When appropriate, the information gathered can be used in a juvenile and/or criminal court proceeding. This information is not a substitute for worker's judgment and creativity as each child will need to be assessed based on the interviewing technique that is most appropriate (depending on such factors as age, personality, verbal skills, etc.).

Props, i.e., anatomically correct dolls, puppets or drawings may be used to elicit information from the young or non-verbal child.

**ARRANGE A SAFE SETTING FOR INTERVIEW:** Careful consideration should be given to the choice of setting for this interview. If at all possible, children should be seen away from the alleged perpetrator and in an environment the child would consider "safe," and familiar to the child--i.e., school or day care center. Whether or not to include a parent during this interview will depend on such factors as the relationship of the alleged perpetrator to the family and where the report originated. It is important to remember that sexual abuse is a private, secret affair and there may be many reasons a child would hesitate to reveal information.

**ESTABLISH RAPPORT:** Give your name and simple definition of what you do; i.e., someone who helps children when there are problems; I get calls sometimes when someone is concerned about a child -- I got a call about you.

- Establish that the child knows the difference between a lie and the truth;
- Express interest in child as a person, but don't ask superficial questions -- kids usually know why you're there. Ask things like -- who is in the home, who cooks meals, etc. This should help the child relax, yet provide information;
- Empathize with the child;
- Go as slowly as needed, letting the child set the pace and style;
- Redirect the interview as needed -- things may get too tense. Let the child know that you talk to a lot of children;
- Let the child know you can be reached if he/she needs to talk to you;
- Be sure you understand the child's language terms. Answer all his/her questions candidly;
- Let the child know that you appreciate him/her talking about the incident.

**THINGS TO AVOID:**

- Making promises;
- Showing displeasure or appearing upset;
- Using technical jargon;
- Bringing up the alleged perpetrator's name first, let the child do that;

- Staring at the child continuously, direct eye-to-eye talk may not work;
- Saying, "Did someone hurt you" or "Did somebody do bad things to you?" Use instead, "Did someone touch you in a way you didn't like or make you uncomfortable?";
- Asking leading questions;
- Asking questions that can be answered yes or no;
- WHY questions;
- Excessive congratulation or praise of a child on or off videotape.

**TIME IS A RELATIVE FACTOR:** Most people measure time in relation to other factors in their lives. Children are particularly tuned to this both in long-term and short-term time frames. It is frequently helpful to use such factors in assisting the child in establishing a time frame; i.e., long term -- was it hot or cold outside, during the school year, around Christmas or other specific holidays; close to some specific occurrence -- trip to grandma's; when a friend spent the night, etc. (such things should be verifiable with some checking); short-term -- in the morning after Mom leaves for work, while Dad goes bowling, during a specific TV program.

Workers should take into account that a child's concept of time is not literal in terms of minutes or hours. The child's perception of the length of time an incident lasts may be skewed by emotions, etc. A child's description of an unrealistic time frame does not necessarily mean he's lying.

**DESCRIPTION OF A SPECIFIC INCIDENT:** Has someone done something to you which you didn't like or which made you feel uncomfortable? What happened? Who? Where and when? Children may vary greatly on which of these things is easiest to reveal first. If such a broad question reveals information of other kinds of "uncomfortable" occurrence, you may need to be more specific, i.e., I understand that someone touched your private parts -- (establish what private parts are). It will be important to establish information as specific as possible regarding what happened.

After the child has told you what happened in his own words, you may need to ask some specific questions. Some questions that may help (depending on age, emotional state, maturity, communication skills) might include:

- Did someone touch you and can you show me where;
- Did someone make you touch him/her? Where? How? (With hand, mouth);
- Did he/she kiss you or make you kiss him/her? Where;

- Did someone put something inside your body? Where? When;
- Did anything come out? Describe it;
- What were you wearing -- what was he/she wearing;
- Were your clothes taken off;
- When he/she did this, did he/she say anything to you? Did he/she say something after he/she stopped;
- Did you say anything;
- Did he/she offer you anything or threaten you? (get specifics);
- Who did this to you? (Make sure you know who the child names -- if its Daddy and there is a stepfather, natural father, grandfather, be clear on exactly to whom the child is referring). Don't assume;
- Did he/she take off his/her clothes? Pull down or unzip his/her pants;
- Did he/she touch you inside or outside your clothes? Where? How;
- How did you feel when he/she touched you;
- Where were you when this happened;
- What's that room/place like? Child may find it easier to draw a diagram of house - show room and other specifics - on bed, in chair in living room, etc.;
- Where was your Mommy/Daddy? Siblings, etc.;
- How do parents and others show affection;
- Was it dark or light when this happened;
- Has this happened more than once with named person;
- About how often? Did it happen other places or always same location? (Get specifics);
- Did other things happen at other times besides the one you already told me about? (Go through the same specifics as outlined earlier so that you have a good sense of all the times and places molestation might have occurred.) Location is important as it might change the criminal jurisdiction;

- Did he/she ever take any pictures/videotape of you. Did you have your clothes on or off;
- Have you told anyone about this happening to you? Who, when, what did you say (try to get specifics)? What did that person say? What did that person do;
- Has anyone else ever touched you in this sort of way? (If the answer is yes, advance to "go" and start over!)

### **HOW DO YOU TELL IF A CHILD IS NOT TELLING THE TRUTH?**

Children (pre-adolescent) "lie" for two reasons:

1. To get out of trouble; and,
2. To prevent trouble.

Given this information, the interviewer should also be aware of the following points of information:

- If a child has been "coached," the child may be able to visually describe the incident. However, information on touch (what did it feel like?), taste, and smell can not usually be "faked." Gear your questions toward these sensations and look for the degree of detailed knowledge that the child may possess;
- Listen carefully to words used to describe the incident. Are they age-appropriate? For example, the three year old who reports to you that she has been "raped" or "molested" has used phrasing that is beyond the usual norm vocabulary one would find at that age;
- What is the child's motivation in reporting the incident. (Is there a custody dispute occurring?);
- The child's affect should be carefully observed and documented:
  - How does the child present himself/herself during the interview? (Nervous, shy, etc.)
  - Body language/eye contact/voice tone
  - Non verbal cues from another adult in the room.

**NOTE: Boys who have been sexually abused may present a flat affect.**

- Are re-tellings of the incident(s) to other co-investigators consistent down to the last detail; and never changing in the slightest detail? This MAY be unusual in that some blurring of the incident is normal.

**QUESTIONS TO ASK THE CHILD TO ASSESS RISK TO CHILD:**

- What will happen? (This is the child's opinion of what will happen in the family when you leave, if he/she is returned to his/her home, etc.);
- Who will be on your side? (This is the child's opinion of who will support his/her story, protect him/her, etc.);
- Are there any guns in your house? Who uses them? Where are they? What kind? (These questions explore potential violence, reprisal, etc.);
- What do people in your household do when they're in a fight? (This question explores violence, reprisal, etc.);
- What will happen when worker talks with parents? (child's perception)

**END INTERVIEW:** Ideally, this interview will take place in cooperation with the appropriate law enforcement personnel. However, there may be occasions when worker will conduct the interview alone. In such cases, the child needs to be prepared for the fact that he/she may need to give this information to someone else.

In any case, try to tell the child things that might happen. This will differ according to local policy, but may need to include such things as role of the police (may come to school in uniform -- child is not in trouble); possibility of foster care placement (include a little of what foster homes or shelters are like); possibility of criminal action -- (adult has done something against the law -- judge will decide what should happen).

Questions regarding what is going to happen next must be handled honestly, but to the extent possible, in a way that relieves the child of responsibility for any action that takes place.

Results of this interview should be closely documented in the case record.

MEMORANDA HISTORY: [CD04-79](#); [CD05-35](#)